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International News

Family Therapy in Australia

Michael White*

This report is a response to a request by the Editor (Dr. Florence Kaslow) to provide news about Family Therapy in Australia. For various reasons there has been a series of delays in putting this together and I am doubtful that it would exist if it were not for the patience and encouragement of Dr. Kaslow.

When I first accepted the task of providing such a report I found myself in a quandary. Australia is a relatively sparsely populated country with large distances between the main centres. It is only in recent times that some sort of Family Therapy network has been established to facilitate communication between therapists around this country. Thus, although as Editor of The Australian Journal of Family Therapy I am to some extent in a pivotal position, I did not consider myself qualified to comment on the history and development of Family Therapy in Australia without some consultation. Consequently, I attempted to isolate a cross section of important figures in the development of Family Therapy in this country and requested that they address themselves to a series of questions which I hoped would provide me with the information necessary to make adequate comment. In the selection of a "handful" of therapists and theorists to assist in the mapping of the development of Family Therapy in Australia I can clearly be charged with the unjust neglect of many others who have provided as important a contribution to Family Therapy in Australia. However, in view of the complexity of compiling the data gathered and in drawing conclusions, I needed to limit the number of persons taking part in this study. The eleven Family Therapists[1] who participated and who have been influential in the development of Family Therapy in Australia are, in alphabetical order, Mr. John Brooking, Dr. Peter Churven, Dr. Jeff Gerrard, Dr. Geoff Goding, Mr. Les Harvey, Mr. Moshe Lang, Dr. Don Lawrence, Dr. John Lindsay, Dr. Brian Stagoll, Ms. Margaret Topham, and Dr. Eleanor Wertheim. I have also contributed my own experiences and opinions to those of this sample group.

Below are the questions that I formulated and which I requested participants of this study to address:

1. How and when did you "arrive" at Family Therapy?
2. Who and what influenced you to adopt Family Therapy practice and systems thinking?
3. Where in Australia did you first experiment with Family Therapy and within what affiliation did this take place?
4. At the outset, from where did you draw your theories/concepts/techniques and which theorist/therapist had the greatest impact upon your early work?
5. Which, if any, changes have taken place in your orientation since your early foray into the practice and/or teaching of Family Therapy?

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6. Which theorist/therapist over time, has had the most important effect on the shape of your work?
7. Which training experience had the most dramatic effect on your practice and/or teaching and what do you see as its principal effect in practical terms?
8. At the outset, did you find yourself in the company of colleagues who shared your ideas? From whom did you experience the most support during your early "risk taking" phase?
9. What are your current areas of practice, teaching and interests within Family Therapy?
10. Where is your "growing edge" at the moment? What are you experimenting with and do you have any idea of where your practice and/or teaching will take you in the 1980s?

The information provided by the participants in response to the above questions was complex and somewhat overwhelming. Each has their own interesting and special story to tell. However, despite the complexity, certain trends were evident. I will restrict my discussion to such trends.

History—1st stage.

There appear to have been two major stages in the development of Family Therapy in Australia. The first stage took place in the 1950s when a number of therapists began to actively question various orthodox approaches to problem solving and became keenly aware of interpersonal factors. During this stage these therapists began to move the focus of treatment away from the identified patient and proceeded to think in interactional terms. Of these, Wertheim has been the most prolific writer and theorist followed by Lindsay. Harvey and Goding are also within this group of pioneers. These therapists struggled with the practical implications of the interactional view throughout the 1960s and, as their work became increasingly systemic and systematic, they adopted the practice that is now defined as Family Therapy. The following quotes, relating to the early experiences of this group, may be interesting to readers.

> "The roots of my interest in Family Therapy go back to 1953. I was working at the time in the Department of Psychiatry, at the Royal Children's Hospital (Melbourne) . . . . I became dissatisfied with this approach (traditional Child Guidance Clinic model) and began to experiment with different methods of diagnosis and therapy. . . . A major turning point in this (my) development . . . was a crisis precipitated by one of the families I had in treatment. The family consisted of both parents, the index patient, an eight-year-old severely asthmatic boy, and an elder boy who was already working. I was seeing the mother and the young boy who was incapacitated by asthma, missed a lot of school because of it, and often had to be brought to the Casualty Department of the Hospital during the night (several times per week). In the initial interview the mother gave a picture of a very harmonious, happy family, whose only concern was the illness of the younger son. The sleepless nights which he caused the mother had by then begun to take toll of her physically. The boy and the mother responded well to therapy. He was symptom free, doing well at school, and became very active in the school football team. The mother blossomed out as a person. At this point the mother revealed the existence of serious problems between her and her husband, in which the eldest boy was also caught up. The mother now began to contemplate leaving the husband, and taking the sons with her. The husband agreed to a joint interview but then flatly refused to enter treatment. This was, to me, a dramatic lesson in family dynamics. I had to face up to the fact that the successful therapy with the mother and the young boy had actually contributed to an open rift within the family as a whole. It was also apparent that if invited to join the treatment at the very beginning for the sake of the son, the father, who seemed genuinely fond of the young boy, would have probably agreed to it. To do so now, when the focus was on him as the problem,

meant a loss of face which he was unable to accept. This experience turned me into a Family Therapist in the proper sense. . . ."

Eleanor Wertheim.

"In the middle 1950s, while working at Ballarat Mental Hospital, I became aware of some of the writings of the early pioneers in Family Therapy in the United States. Some of their findings fitted in with the clinical problems and possible solutions that had been confronting me over a period of time in long term Mental Hospitals. There is one case that always stood out in my mind of a folie a deux in which one patient was admitted as a woman (unknown) called a mother and another woman (unknown) admitted as daughter; subsequent enquiries established their names but in actual fact the mother was a young 20 year old girl, and the daughter was a woman in her fifties. It was this gross reversal that sort of made some of the writings start to make sense to me. In the late 1950s I moved down to Melbourne to the Malvern Clinic. There I started to interview families and became convinced that this did add a new dimension to all my previous work and experience. . . ."

John Linsday.

"I do not think that I arrived at Family Therapy so much as it arrived, came to me, and merely enabled me to put partly formed ideas into words and provide some impressive sounding companions to cite by way of support. A number of ideas naturally jelled from the way psychology was taught at Melbourne University straight after the war. The course had a strong social emphasis and we grew up on the early work of people like Trist and the Tavistock group and Lewin and his colleagues. Our teachers at the time . . . were making important contributions to the application of systems thinking. . . .

I think that I am one of a number of people who, in the 1950s, were working with clients with more social psychology than medical clinical theories in our heads. Thus when I went to the United States in 1964 and met Don Jackson and his colleagues at the Mental Research Institute in Palo Alto and they discussed their work with families, it all made sense to me as it also did to a number of other people who were thinking in terms of interactive processes in marital dyads and groups. . . .

By 1964 I had been involved with the development of Marriage Counseling throughout Australia for four years and had before that had some experience dealing with couples in conflict and with people who, owing to the way the system was designed, had to produce a designated patient. When dealing with the designated patient—the alcoholic husband for example—or the acting out child, it was quite clear that we could do little to produce long term change by dealing only with the patient.

I had come to feel very strongly that Marriage Counseling should simultaneously involve both partners with the counselor for most of the time. The secretive one-to-one counseling of marriage partners separately often seemed to do more harm than good. During the period that I was tossing these ideas around I discussed them with Don Jackson and began a very useful correspondence with him."

Les Harvey.

"Almost from the time I had started the Bouverie Clinic (Melbourne) in 1956 I had thought in terms of working with the family, if not the whole family certainly with the identified patient, both parents and any others who showed disturbance. The emphasis early in this period was to some extent away from the identified patient (a child as in a traditional child psychiatric clinic) in that the Psychiatrist, as a senior member of the team, usually worked with the more difficult member of the family which, in half the cases, was a parent or both parents. Also we saw fathers more often than in the more traditional clinics.

For many years we had groups for fathers, mothers, parents and children, but all were separate. In the 1960s we started seeing all members of the family together but although this went quite well in the diagnostic stage we got stuck when we started to attempt to initiate change and usually resorted to splitting the family between members of the therapeutic team. In about 1965 we had a visit from Professor Rudolph Dreikers who

developed a counseling approach based on Adler's work. I modified and developed this approach using several concepts which I found later were systems concepts, such as positive feedback loops and various interventive ideas. Using this approach I did work quite effectively with the family group but regarded this as counseling rather than therapy . . . ."

Geoff Goding.

In the mid 1960s, Topham, after receiving some training at the Mental Research Institute in Palo Alto, became very active in the promotion and teaching of Family Therapy in Australia.

In 1965 I started working at Prince Henry's Hospital's Psychiatric Unit and there was introduced to conjoint Family Therapy by Professor John Cawte who had visited Dr. Don Jackson at the Mental Research Institute in Palo Alto, California. I read Virginia Satir's book "Conjoint Family Therapy" in 1965 and then met Dr. Jackson on his visit to Australia in 1966 . . . .

The training experience most influential has been the intensive course in Family Therapy at the Mental Research Institute 1967–1968. The main influence on my work was the knowledge I obtained of systems and communication theory, the understanding I developed of my own family system and the supervised practice of conjoint Family Therapy. I gained the confidence to return to Australia and to teach others to work as Family Therapists.

Margaret Topham.

Over the next decade her influence and reputation grew steadily and she has had a strong impact on the practice of Family Therapy in Australia. In 1980 she took another important step and formed (with others) the Family Therapy Institute of Australia.

History—2nd stage.

While a number of other therapists began to think in interactional terms in the mid to late 1960s, the second stage in the development of Family Therapy appeared from the outset of the 1970s. "After 1970 in the era of Family Therapy proper . . ." (Goding) there was an explosion of interest in systems and interactional approaches. Throughout Australia the development of Family Therapy mushroomed. Brooking, Churven, Lang, Lawrence, Stagoll and Gerrard all became active during this time and injected a new enthusiasm into the practice of Family Therapy. The following are some of the experiences reported by this group.

"My interest in Family Therapy was a logical outgrowth of, on the one hand, experience as a case worker in the Family Welfare Division of the Department of Social Welfare in Victoria, and, on the other my increasing interest in group work as a method of therapy and theories of group dynamics. In particular I became interested in the here and now method of helping people . . . when I started in the field of Family Therapy my main theoretical approach was the communications model used by Satir. At the same time I was striving to adapt my background in group dynamics to the complexities of entrenched family systems, I found myself relying heavily on Ackerman as well as Satir because the former fitted my predisposition towards psychoanalytic theory and the latter keyed into my growing interest in communication theories.

My thinking in systems terms was stimulated at the outset, not only by Satir, but also by writers like Haley, Jackson and Watzlawick, but when I first began practicing Family Therapy from about 1972 onwards I had to rely almost entirely on teaching myself and applying what I had read to situations involving clients.

In 1975 I trained in Family Therapy in the United States studying Transactional Analysis and Gestalt Therapy at the Western Institute, California, and at the Gestalt Institute at Houston. I quickly learned to integrate their approaches in Family Therapy."

John Brooking.

"I got into Family Therapy as a junior Registrar with a senior psychiatrist who was very involved with systems theory and therapeutic communities. This was an adult unit but the significance of the community and family systems was emphasized, though we did not practice structured Family Therapy work. The basis of group and system processes were continually used by us to explain behaviour. This background was also relevant to its emphasis on behavioural change rather than insight techniques.

With the above background I moved to Sydney, I started working as a Registrar at an inpatient children's unit—that was running on psycho-dynamic lines. I felt that the systems explanation that I had previously acquired was highly relevant to many events that were occurring in the unit. At this time I was fortunate to observe Margaret Topham doing a protracted structured family interview. This was not long after she had returned from America and was working at Prince Henry Hospital. Putting these things together I began reading in Family Therapy and seeing families, at the time very largely under the influence of the ideas of Virginia Satir which I was acquiring for myself."

Peter Churven.

"From time to time I would also see the child and his siblings together. This seemed like a good idea at the time, even though it felt a bit like cheating. I also remember from time to time cheating by talking to children and their parents together. So looking back between 1965 and about 1970, my work in many ways was very much family work, yet from a different perspective very far away from Family Therapy.

During this period I became very interested in childhood autism, school refusal and childhood depression. These conditions, for a variety of reasons, made it more compelling to think of the whole family. A qualitative leap forward into Family Therapy was given by Geoff Goding who came back from the First International Conference of Family Therapy having discovered this exciting new way of doing things. So it was early 1970 at the Bouverie Clinic that I first experimented with Family Therapy. I still recall very vividly the first family I ever saw. I had very little theoretical or practical preparation, but it seemed from the start that seeing the whole family made such obvious and clear sense that I was dying to get on with the job. This first family was referred because the 14-year-old inpatient was supposed to be borderline psychotic. I saw his parents, his young brother of about 12 years of age, his sister who was about 22 years of age and another brother who was about 17 years of age. Also present in the room was a Social Work student who was taking detailed notes as well as tape recording the session. Very quickly I felt inundated with information and that I was drowning in the chaos that the family appeared to be generating. After the session I told the Social Work student that I believed I had "mucked the interview up," that I did not know what I was doing and certainly felt that I had lost control of the situation. She was astonished to hear that. She told me that she thought I was on the ball the whole time and had conducted a marvellous interview. I told her that I was a big boy and could take it, therefore she should not protect me with such kind comments. She insisted that this was indeed her perception and challenged me to listen to the tape and read her notes. Having done what she challenged me to do, I had to agree that her perception was much closer to the mark than mine.

During the interview the identified patient complained that he was often worried about music coming out of his backside, whereupon his parents turned to me as if saying "you see what we mean—you see what a strange and bizarre son we have?" I responded by telling them that I have heard many a young man talking about farting, but never had anybody described it more beautifully than their son. Later on in the interview the identified patient told me that he planned to be a psychiatrist when he grew up. I said to him that I felt stuck, was not sure how to proceed, and as he was planning to be a psychiatrist would he mind taking over and conducting the interview himself. He asked, "Do you mean that?" I replied "Yes, why don't you come and sit in my chair and take over and conduct this interview?" After further reassuring him he agreed to take over, took a paper and pencil, turned to his mother, cleared his throat and said "Mrs. B,. was your pregnancy to me planned or not? Was S wanted or not? What was the labour like?" He proceeded to take the

most detailed and elaborate developmental history—in fact a much better one than I could have probably done myself.

It took me a few years to discover that my early confusion in the interview had to do with the suction of the system, that my comment about music from the backside had to do with positive relabelling and that asking Steven to take over could be seen as a wise structural move or going with the resistance. In other words I was first a Family Therapist, and only later discovered some of the theories, concepts and techniques."

Moshe Lang.

"(I came to Family Therapy) in 1970 when I joined the Mental Health Branch in Canberra as a Psychiatrist. The concept of systems theory as applied to people and families fascinated me and made sense. It seemed to open up a whole new field of interaction that I had until then missed, . . . I began to put things together through various workshops and therapeutic experiences over the next two to three years. Apart from those I worked with I think Virginia Satir would have been my main reference (at that stage).

I think one of the watershed experiences I had was the first group workshop I attended at the Tavistock Family Therapy Conference in 1974. It was handled very well and jolted me to insights of family processes which I may have had to acquire piecemeal over a long period of time. Before we introduced ourselves to each other (at the workshop) we were invited to join up as couples using only non verbal signals and after a period we were allowed to clarify why we had selected each other. As couples we were then asked to join and form a family with another couple. The expectations, fantasies, hopes, disappointments and conflicts which came to light as we went through this exercise were to me, quite profound and this experience has stayed with me over time. In effect they were fairly simple understandings but I think they were fundamental to my wide appreciation and experience of family process. . . ."

Don Lawrence.

"Arriving at Family Therapy? This was in 1971–1972 when I was a psychiatric resident at Montefiore Hospital in the Bronx at Einstein Medical School. The predominant ideology there was psychoanalytic, but there was a small group talking about Family Therapy, particularly on an inpatient unit. I got involved in a Family Therapy seminar with Andy Ferber. I also started reading the expanding Family Therapy literature; . . . "The Book of Family Therapy" had just come out, also Jay Haley's "Power Tactics" and Bateson's "Steps. . . .". I was seeing a few families under supervision at Montefiore, and then did an elective in Family Therapy at Bronx State. There I met Al Scheflen, Chris Beels, Jane Ferber and Phil Guerin, and I went on to do a Fellowship in Community Psychiatry. . . . On returning to Australia in 1976 I got a job at the Bouverie Clinic. The Bouverie, under Geoff Goding and Moshe Lang, had been experimenting with Family Therapy for some years. Moshe Lang had just returned from a year away in Israel when I arrived and I teamed up with him . . . . The most dramatic training experience I had was a one day seminar once a month with Andy Ferber in 1974–75. This was a small group where we would present our work, often live on our own families . . . ."

Brian Stagoll.

"I began to show an interest in seeing the relatives of my patients from the first year of my psychiatry residency training. This was in Melbourne and the year after I went to Montreal, where I was exposed to the work of Dr. Ron Aldious, who was running a home care service in the wharf area of Montreal and I was able to see families with him. He had an Ericksonian orientation and felt most comfortable seeing couples.

At the Montreal General Hospital, I and several other residents were interested, with the above consultant, in seeing families and we set up a group to assess families. These families were seen in front of a one-way screen by one of the group, with the rest behind. We also observed the consultant seeing both couples and families in a one-way screen room on a weekly basis. In the second year at this hospital I attended a two week Family Therapy seminar run at the Jewish General Hospital. Nathan Epstein was invited back

> from McMaster for this seminar and it was mainly his group who was running it. This put me in touch with the literature and I was able to observe experienced Family Therapists for the first time. I was seeing most of my patient's families at this stage and when I decided to get experience in the United States in child psychiatry as well as mental hospital experience, I looked for a family oriented program . . .".
>
> Jeff Gerrard.

My own interest in Family Therapy also began at the outset of this second stage. My foray into systems approaches was the outcome of a prevailing sense of frustration with the non-directive, client centered and relatively naive communication approaches which were then in vogue. From such an orientation, working with multi-problem families in a social welfare setting seemed fruitless. I worked hard but my well-intentioned efforts were merely absorbed by these families and they continued unchanged. I was aware that there were much larger forces at play which somehow served to perpetuate the varied problems I was attempting to have an impact upon. I was on the edge of systems thinking but finding it very difficult to discard my linear and characterlogical way of considering problems (and the world).

I can still clearly remember what I consider to be my first Family Therapy interview. The family was one referred by a Neurology Clinic of a general hospital in which the identified patient, the mother, was experiencing severe head pain (considered to be psychogenic). I coped well with the first and second interview, establishing strong leadership, mapping the family relationship system, and making sense out of the symptoms from a systems perspective. However, I then did not know what to do next. I struggled through a couple more sessions, reading as much Family Therapy literature that I could lay my hands on in between. I remember delaying a session for an extra week as I had encountered systems resistance to change and was not sure how to deal with this. I felt confused and without a template. My previous notions about resistance were clearly inadequate for dealing with the process I was observing.

Looking back, I believe that my attempts to come to terms with this over a period of two weeks was a landmark in my development as a Family Therapist. Grappling with notions of the resistance of the system rather than the resistance of an individual forced me to abandon many of my previously held ideas and opened up a whole range of options that I'd previously been unaware of. This was not of the nature of an intellectual insight but of a total experience. I remember feeling charged with excitement as a whole new territory opened out before me. I took a position in a large State Psychiatric Hospital and became increasingly unorthodox in my work, experimenting more, including with Multiple Family Therapy. During these early stages I was careful not to show what I was doing to too many people and hoped that there were not too many people who noticed. This policy gave me the breathing space to develop a more coherent and sophisticated systems approach.

A most important experience was spending some time in Berkeley with Fred Ford. Fred taught me many things about family rules and about the use of metaphor. Also, during this experience, I realised that I have become overly reductionistic in some of my work.

Common Experiences

Although various specific circumstances and events provoked the therapists in this study to adopt Family Therapy practice, two prevailing background factors stood out. One factor was the disillusionment and dissatisfaction experienced regarding the contradictions and limitations inherent in linear orthodox theories. The second factor related to convincing arguments against reductionism provided by interactional and systems orientations and the positive options in terms of interaction that these orientations generated.

The participants of this study mentioned 24 theorists as having an important persuasive influence in their adoption of family therapy practice. Of these, Don Jackson, Virginia Satir and Jay Haley all feature most strongly. Subsequently, Salvador Minuchin's work has been most influential followed by Nathan Epstein's. More recently the work of Milton Erickson and Gregory Bateson has become increasingly significant to many of the participants. Mental health systems appear to have provided a most fertile ground for the development of family therapy in Australia. Nine of the eleven participants were working in the area of psychiatry or child psychiatry when they first began experimenting with family therapy. This appears to reflect the situation elsewhere also. Five of these participants have since moved outside of the formal mental health system and their influence is now being experienced more widely.

Various types of training experience had a major and dramatic effect on the practice and teaching of the participants. The only apparent trend relates to the fact that most of these experiences occurred overseas, and mainly in North America. This overseas training was of special significance as many of the participants were experiencing isolation, criticism, ridicule and, at times, verbal abuse from their colleagues over their early struggles with attempts to introduce interactional and systems concepts into their work. The overseas training experiences were highly validating as were the visits to Australia of overseas therapists. The recent acceleration of growth of the family therapy network in Australia has made it somewhat of a less isolating experience for therapists attempting to develop a family systems approach to their work. The resistance that many experience in some agencies over the introduction of such radical notions is to some extent balanced by the support that such therapists experience from the pioneers in the field.

Important events in the 1970s

Development accelerated through the 1970s with visits to Australia by various seminal theorists and therapists and with the development of intensive two year training programs such as those established by the Bouverie Clinic in Melbourne followed by the introduction of a similar two year training program at the Adelaide Children's Hospital. A feature which clearly assisted in the growth and acceptance of family therapy in this country was the practice of direct observation and live supervision, utilizing video equipment and one-way screens. This removed much of the mystique from therapy and, to a major extent, led to a more systematic and integrated practice.

In 1979, the first edition of the Australian Journal of Family Therapy was circulated. This journal, which is published quarterly, is tailored to the special needs of family therapists within Australia and it has been well received. The following extract from the first editorial will give some flavour of the *Journal*'s style.

> "The seeds for the Australian Journal of Family Therapy were merrily and informally sown in a Melbourne bar during a conference in August 1978. At this 'first meeting of the board' there was a consensus that Family Therapy in Australia had developed to a stage that warranted the establishment of a national journal to support and promote its theory and practice. Various ideas were exchanged, enthusiasm was shared, and some preliminary decisions were made.
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> One early policy was that such a journal should meet a broad cross-section of need within the Australian community. It should have something for the beginner, for the experienced, for the teacher, for the researcher, and for those 'just interested'. It was also decided the material published should be of a wide ranging nature and include case studies, theoretical and research material, imaginative ideas, various and different techniques, and commentaries."

With firm "grass roots support" this journal has a rapidly growing circulation and, as

a venture, has become far more successful than could have been anticipated. It is unlikely that this momentum will ever become stalled as there is a strong policy to promote innovative work and to make the body of theory and practice of family therapy broadly available to diverse groups.

1980 and Beyond

With the arrival of the 1980s I believe we are witnessing the third stage in the development of family therapy in Australia, one of consolidation. The first Australian Family Therapy Conference was held in Melbourne in August 1980 and was a resounding success. It bolstered the family therapy network in Australia and was a validating experience for those who had not yet developed or were not yet part of a supportive community. The program, which was received with great enthusiasm, reflected the many initiatives being taken throughout the country. In view of the success of this conference it is now planned that they be repeated annually and the next is in Adelaide, South Australia, in August 1981. Nineteen eighty also saw the development of Family Therapy Associations in Victoria, Queensland, New South Wales and South Australia.

Over the next decade family therapists in Australia will continue to argue the convincing wisdom of the interactional and systems approaches and, apart from moving into new areas, will consolidate many of the footholds of the past three decades.

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